

Application for Employment



For Proper Processing:

- Applications will only be accepted for advertised vacancies.
- A separate application must be submitted for each vacancy.
- The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.
- Use exact Sierra County job title from the position announcement.

Instructions for Completing this Application: Use this application to demonstrate how your education, training and experience are relevant to the requirements of the job for which you are applying. If you require special accommodations to complete the application or in any testing process, please notify the agency to which you are applying of your requirement. For additional information call 575-894-6215.

1. Type or print legibly in black or blue ink.
2. Give complete employment information on application. Use supplemental sheets if necessary.
3. Dates of employment must show both the month and year.
4. Any diplomas certificates and/or licenses required for the position must be attached to the application.
5. Sign and Date the Application, Keep a Copy for Yourself
6. Return completed application to the agency to which you are applying or to Sierra County (Human Resources) as specified in the position announcement.

Position Applied for:

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
TELEPHONE (HOME)	(WORK)	(CELLPHONE)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS: STREET	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ARE YOU APPLYING FOR:	If part-time, list days and hours available	DATE AVAILABLE FOR WORK
<input type="checkbox"/> Full Time <input type="checkbox"/> 1/2 Time <input type="checkbox"/> 3/4 Time	<input type="text"/>	<input type="text"/>

DO YOU POSSESS A VALID DRIVER'S LICENSE? ☐ Yes ☐ No

Driver's License #: State: Expiration Date:

OFFER OF EMPLOYMENT IS CONDITIONED UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE USA.

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA? ☐ Yes ☐ No VISA TYPE (If applicable)

HAVE YOU HAD PRIOR SIERRA COUNTY EMPLOYMENT? ☐ Yes ☐ No

IF YES, (Date(s) employed), (Where) (Title)

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Date(s) employed).	(Where)	(Title)
<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION AND TRAINING*

HIGH SCHOOL G.E.D. EQUIVALENCY		<input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, INDICATE HIGHEST GRADE COMPLETED	
COLLEGE UNIVERSITY		<input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR	DEGREE
OTHER SCHOOL(S) OR TRAINING			FIELD OF STUDY:	

* A copy of relevant Transcripts, Degrees or Diplomas must be attached.

LIST ALL SPECIAL JOB SKILLS OR QUALIFICATION YOU CONSIDER RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

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EMPLOYMENT HISTORY

PLEASE DESCRIBE YOUR EMPLOYMENT EXPERIENCE STARTING WITH YOUR MOST RECENT POSITION. INCLUDE ANY RELEVANT VOLUNTEER WORK. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SUPPLEMENTAL SHEET AND ATTACH IT TO THE APPLICATION.

1 NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?	
YOUR JOB TITLE	FROM: MO./YR.	TO MO./YR.	STARTING SALARY	PRESENT FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOURS PER WEEK	NUMBER OF EMPLOYEES SUPERVISED:		

MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:

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REASON FOR SEPARATION:

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EMPLOYMENT HISTORY (continued)

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NAME OF EMPLOYER

ADDRESS (CITY, STATE)

SUPERVISOR'S NAME

SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

YOUR JOB TITLE

FROM: MO./YR.

TO MO./YR.

STARTING SALARY

PRESENT FINAL SALARY

CHECK ONE:

☐ FULL TIME

☐ PART TIME

HOURS PER WEEK

NUMBER OF EMPLOYEES SUPERVISED:

MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:

REASON FOR SEPARATION:

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NAME OF EMPLOYER

ADDRESS (CITY, STATE)

SUPERVISOR'S NAME

SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

YOUR JOB TITLE

FROM: MO./YR.

TO MO./YR.

STARTING SALARY

PRESENT FINAL SALARY

CHECK ONE:

☐ FULL TIME

☐ PART TIME

HOURS PER WEEK

NUMBER OF EMPLOYEES SUPERVISED:

MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:

REASON FOR SEPARATION:

EMPLOYMENT HISTORY (continued)

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NAME OF EMPLOYER

ADDRESS (CITY, STATE)

SUPERVISOR'S NAME

SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

YOUR JOB TITLE

FROM: MO./YR.

TO MO./YR.

STARTING SALARY

PRESENT FINAL SALARY

CHECK ONE:

☐ FULL TIME ☐ PART TIME

HOURS PER WEEK

NUMBER OF EMPLOYEES SUPERVISED:

MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:

REASON FOR SEPARATION:

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NAME OF EMPLOYER

ADDRESS (CITY, STATE)

SUPERVISOR'S NAME

SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

YOUR JOB TITLE

FROM: MO./YR.

TO MO./YR.

STARTING SALARY

PRESENT FINAL SALARY

CHECK ONE:

☐ FULL TIME ☐ PART TIME

HOURS PER WEEK

NUMBER OF EMPLOYEES SUPERVISED:

MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:

REASON FOR SEPARATION:

REFERENCES

LIST THREE (3) PEOPLE WHO ARE NOT PREVIOUS EMPLOYERS AND WHO ARE FAMILIAR WITH YOUR WORK.

NAME	ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The information I have provided in this application for employment is true, correct, and complete to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment or for dismissal if discovered at a later date.

- I authorize a background investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.
- I understand that once my application is submitted it becomes a matter of public record.

Applicant's Signature _____ Date _____

**THE COUNTY OF SIERRA IS AN
EQUAL OPPORTUNITY EMPLOYER**